

# South Dakota State Employee Health Plan Pre-authorization Listing

07/01/17 to 06/30/18 (Subject to Change)

Health Management Partners (HMP) 1.866.330.9886 • [www.preatonline.com](http://www.preatonline.com)

## Admissions

- Surgical, non-surgical (medical)
- Skilled nursing
- Rehabilitation
- Hospice
- Transplant services
- Out-of-network services
- Observation services
- Mental health
- Chemical dependency, including partial Residential Day
- Maternity

## Ambulance Transportation

- Non-emergent ambulance transportation requires pre-authorization through HMP.

## Durable Medical Equipment (DME)

- Any DME Exceeding \$1000
- Apnea Monitors
- Compression pumps
- Continuous Passive Motion Device
- CGMS (continuous glucose monitoring system)
- CPAP, CPAP with humidifier, Bi-PAP (continuous positive airway pressure)
- Custom made braces over \$1000
- Electrical stimulation for urinary / bowel incontinence
- Feeding pump (initial supply only for pump and kit)
- Hospital beds
- Insulin pumps
- Neuromuscular electrical stimulators
- Negative pressure wound therapy pump
- Osteogenic stimulator (bone growth stimulator)
- Oximeters
- Oxygen, to include the oxygen carrier
- Percussors
- Pressure relief mattress
- Prosthetics
- SAD lites (seasonal affective disorder)
- Speech Devices
- Suction pumps
- TENS (transcutaneous electrical nerve stimulator)
- Terbutaline pumps
- Uterine monitor
- Ventilators
- Custom or Power Wheelchairs for purchase

## Oncology

Oncology related treatment requests must be submitted through eviti® at [connect.eviti.com](http://connect.eviti.com). Select Health Management Partners as Line of Business.

## Other Services

- Outpatient/Ambulatory Procedures
- MRI, MRA, CTA, CT Scans, and PET Scans
- Genetic Testing
- Cardiac self-management training and education
- Home health services, including home intravenous, pain management, and hospice
- Ambulatory infusion
- Rehabilitation
- Chelation therapy
- Transplant services
- Observation services
- Physical therapy, occupational therapy, or speech therapy
- Maternity ultrasounds
- Temporomandibular Joint Syndrome (TMJ) treatment
- Applied Behavior Analysis (ABA)
- Dialysis

## Emergency Care

When traveling out-of-state and emergency services are required, a call to HMP must be made within 48 hours to retro-authorize an in-patient admission.

## Dependents Residing In Other States

There are no changes to pre-authorization requirements for dependents (college students) residing in other states.

## Out-of-State Pre-authorizations

- Inpatient & Outpatient Services
- For pre-authorization of services, providers should contact HMP at [www.preatonline.com](http://www.preatonline.com). Requests for out-of-network referrals must be made prior to receiving care from the provider in order for you to receive the highest level of benefits (75%/25%).

**Requests For Out-of-State Care** will be declined if the patient care can be provided safely and cost effectively in South Dakota. Out-of-network benefits (65%/35%) will be applied to services received out-of-state if out-of-state care is not pre-authorized by HMP.

## Out of Country Pre-Authorization

If you are traveling out of the country and need pre-authorization, please place a collect call to 1.605.333.0200.

# South Dakota State Employee Health Plan Prescription Pre-authorization Listing

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DAKOTACARE: Provider submit prior authorization request at [www.dkc-pa.com](http://www.dkc-pa.com)

## COX-2 Inhibitors Step Therapy

- Step One: naproxen, diclofenac, meloxicam
- Step Two: celecoxib

## Glaucoma Step Therapy

- Step One: latanoprost, XALATAN® , TRAVATAN Z®
- Step Two: ZIOPTAN®

## Lyrica Step Therapy

- Step One: gabapentin, duloxetine
- Step Two: LYRICA®, SAVELLA®, CYMBALTA®

## Rexulti Step Therapy

- Step One: aripiprazole
- Step Two: REXULTI®

## SSRI/SNRI Step Therapy

- Step One: venlafaxine ER/IR, fluoxetine, sertraline, escitalopram, citalopram
- Step Two: PRISTIQ®, VIIBRYD®, DESVENLAFAXINE®, BRINTELLIX®, FETZIMA®

## Ocaliva Step Therapy

- Step One: ursodiol
- Step Two: OCALIVA®

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DAKOTACARE: Provider submit prior authorization request at [www.dkc-pa.com](http://www.dkc-pa.com)

## Medications requiring Preauthorization under **Pharmacy Benefits:**

- Actimmune®
- Adcirca®
- Adempas®
- Ampyra®
- Antifungal Nasal Compounds
- Aubagio®
- Austedo®
- Carbaglu®
- Cerdelga®
- Cholbam®
- Cimzia®
- Compounded Prescriptions (>\$350)
- Copaxone® (40 mg)
- Cosentyx®
- Cresembia®
- Daklinza®
- Dupixent®
- Enbrel®
- Epcilusa®
- Esbriet®
- Exjade®
- Ferriprox®
- Firazyr®
- Forteo®
- Gattex®
- Gilenya®
- Growth Hormones
  - Humatrop®
  - Norditropin®
- Harvoni®
- Hizentra®
- Humira®
- Hyqvia®
- Ingrezza®
- Interferons:
  - Infergen®
  - Intron A®
  - Pegasys®
  - Peglntron®
  - Rebif®
- Kalydeco®
- Kineret®
- Korlym®
- Kuvan®
- Lemtrada®
- Letairis®
- Myalept®
- Noxafil®
- Neudexta®
- Nuvigil®
- octreotide (Sandostatin®)
- Ofev®
- Olysio®
- Opsumit®
- Orencia SQ®
- Orenitram®
- Orkambi®
- Otezla®
- Pradaxa®
- Promacta®
- Provigil® (modafinil)
- Ravicti®
- Repatha®
- Revatio®
- Ruconest®
- Signifor LA®
- Siliq®
- Simponi®
- Sovaldi®
- Stelara®
- Strengic®
- Sucrafil®

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HMP: Provider submit prior authorization request at [www.preauthonline.com](http://www.preauthonline.com)

## Medications requiring Preauthorization under **Medical Benefits:**

- Actemra®
- Alferon N®
- Arcalyst®
- Benlysta®
- Berlinert®
- Botox®
- Brineura®
- Cerezyme®
- Cinryze®
- Cinnaqair®
- Dysport®
- Elelyso®
- Entyvio®
- Epoprostenol (Flolan®, Veletri®)
- Exondys 51®
- Fasenra®
- Ilaris®
- Imfinzi®
- Immune Globulins
- Inflectra®
- Kalbitor®
- Kanuma®
- Krystexxa®
- Myobloc®
- Naglazyme®
- Ocrevus®
- Orencia®
- Nucala®
- Prolia®
- Remicade®
- Remodulin®
- Renflexis®
- Rituxan®
- Sandostatin LAR®
- Soliris®
- Somatuline®
- Spinraza®
- Stelara IV®
- Supprelin LA®
- Synagis®
- Tysabri®
- Vimizim®
- Vivitrol®
- Vpriv®
- Xeomin®
- Xgeva®
- Xiaflex®
- Xolair®
- Zinplava®